YOUTH TOP PROBLEMS
Assessment Manual

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Introduction to Top Problems Assessment

Overview

Top Problems Assessment (TPA) is a brief, idiographic procedure that allows clinicians and researchers to identify problems of children or adolescents (herein "youths") that are especially important from the perspective of a youth, a caregiver, or a teacher. The severity of these problems, once identified, can be monitored over time—for example, weekly throughout an episode of psychotherapy or counseling—as one index of whether improvement is occurring. The problems are identified by asking a youth to self-report one to three "Top Problems" that he or she would like to work on in treatment; that youth's caregiver and teacher may also be asked to identify one to three "Top Problems" for which that youth needs help. Once identified at intake, these specific problems are re-assessed for severity throughout treatment, ideally once each week. The youth-report and caregiver-report TPA were described, with supporting psychometric data provided, in Weisz et al., 2011 (see above). A teacher-report version of the TPA has now been developed to complement the existing youth- and caregiver-report forms, but as of this writing no psychometric data have yet been analyzed or published for the teacher version. The psychometric data provided in Weisz et al. (2011) were based on a sample of youths aged 7-13, but the TPA forms have been used in subsequent studies with youths spanning ages 5-15. The purpose of this manual is to describe the protocol for administering and scoring the parent, youth, and teacher forms of the TPA. Example interviews, common pitfalls, and recommendations are included.

Instructions for TPA Administration

During the initial TPA interview, have the caregiver and youth each identify up to three Top Problems using an interview format (as outlined on pages 6 & 10). It is important to have the youth and caregiver complete this initial TPA separately to avoid having the caregiver and/or youth influence the other's response. After the Top Problems are identified, the youth and caregiver are asked to rate the severity of each Top Problem on a scale from 0 (not a

problem) to 4 (a very big problem).[1] Then, the youth and caregiver are each asked to put the Top Problems they identified in rank order, from 1 (biggest problem) to 3 (least big problem). If two or more problems are given the same severity score (e.g., 4), the youth or caregiver should be asked which they think is a bigger problem and adjust the rank order accordingly.

Every week thereafter, the youth and caregiver are asked to re-rate the current severity of the Top Problems identified during the initial TPA on the same 0 to 4 scale (with 4 being most severe), based on their experiences in the past week. Again, it is best to get youth and caregiver weekly ratings separately to avoid youth and caregiver from influencing each other's ratings. The same severity rating can be given to multiple Top Problems (i.e., Top Problem #1 and #2 can both be rated at a 3). While the severity rating of the Top Problems will likely change over time, the original order remains the same (i.e., Top Problem #1 at baseline remains Top Problem #1 at follow-up assessments, even if it is re-rated as less severe). This is primarily for purposes of keeping them consistent for analyses and progress monitoring.

Scoring and Interpretation

Because Top Problems are identified by youths and caregivers, the scoring and interpretation of TPA ratings differs somewhat from those of standardized youth assessment instruments. The TPA allows clinicians and researchers to track the severity of problems of interest to youths and caregivers over the course of treatment. In other words, the TPA is an idiographic, consumer-guided assessment instrument which is personalized to each youth. As such, it is designed to complement standardized, nomothetic instruments that measure the same constructs across different individuals (e.g., internalizing and externalizing problems).

Teacher Top Problems

For some purposes, it may be beneficial to collect Top Problems from the perspective of a youth's teacher, in addition to the caregiver and youth perspectives. Generally, the protocol for administering, scoring, and interpreting the teacher TPA is very similar to that of the other

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[1] The original TPA (Weisz et al., 2011) used a different severity scale ranging from 0 (not a problem) to 10 (a very big problem). The 0-10 scale was later changed to a 0-4 scale to keep the scale consistent with other frequently used measures.

versions, although the teacher TPA may be administered less frequently (e.g., perhaps monthly rather than weekly). Because the Teacher TPA was developed later and is viewed as a supplement to the parent and youth versions, this manual was updated in August 2018 to include the Teacher TPA, including one section specifically on the teacher TPA administration and the ways in which it is similar to and different from the parent and youth versions.

Identifying Caregiver-Reported Top Problems

STEP #1:

- Say: *"Now I'm going to ask about the biggest concerns you have about [youth's name] that you would like his/her treatment [or "counseling" or whatever term is appropriate for the context] to focus on. What are the most important problems you think [youth's name] needs help with in treatment [or "counseling," or other appropriate term]? What are the behaviors or emotions s/he's having difficulty with?"*
  - o PROBE, if necessary:
    - ▪ *"Is there anything that is causing problems for [youth's name] at home or school?"*
    - ▪ *"If I were watching a movie of [youth's name], what would the problem look like to me?"*
    - ▪ *"How would things be different if treatment were helpful?"*
  - o The Top Problems for the caregiver should be *in the caregiver's own words*. Before moving to Step #2, you should try to obtain 3 identified Top Problems that each meet both of the following criteria:
    - ▪ Described in terms of the youth's behavior (e.g., disobeying at home, crying, refuses to go to school) or emotions (i.e. sadness, anxiety, anger)
    - ▪ Potentially changeable via therapy
      - E.g., NOT "Father is in Afghanistan" or "Parents are going through a divorce." In these instances, good follow-up questions to ask might be: "*How does this problem affect [youth's name]'s mood or behavior? What are the ways in which [youth's name]'s behavior or mood have been different since [the stressor] began?*"

STEP #2:

- After getting three Top Problems, read them back to the caregiver to confirm they agree with the chosen Top Problems. Next, you should obtain the severity of each top problem on a scale from 0 (not a problem) to 4 (a very big problem).

- Please say: "*Now I would like for you to rate each of these problems on a scale from 0 to 4, where 0 means not a problem at all and 4 means a very big problem. The first problem you mentioned is [read top problem #1]. Using the 0 to 4 scale, how big a problem is this for [Youth's Name]?*"

- After rating Top Problem #1, continue, reading each problem aloud and have the caregiver rate each problem on the 0 to 4 scale.

STEP #3:

- Clarify rankings of the top problem in numerical order, starting with the most problematic Top Problem.

- Please say: "*Based on what you've just told me, it seems like the problem you are most concerned about right now is [most highly rated problem]. Is that correct? The next most serious problem is…*"

- Ensure the rank order is correct based on caregiver report. If two or more problems are given the same ranking score (e.g., 4), **ask the caregiver which one is a bigger problem and priority for treatment.** It's okay if the severity of the Top Problems and their rankings don't match. Take the approach in the script, ask for clarification, but if the caregiver is insistent on it, it is okay if rankings and ratings don't match. The key goal here is to establish a fixed order in which the Top Problems are presented for all subsequent assessments. That is, Top Problems #1, #2, and #3 should always be assessed in the same order and refer to the same problems as in the baseline assessment.

Caregiver-Reported Top Problems Example

Therapist/Researcher: Now I'm going to ask about the biggest concerns you have about Jonathon that you would like his treatment to focus on. What are the most important problems you think Jonathon needs help with in treatment? What are the behaviors or emotions he's having difficulty with?

Caregiver: He's just a trouble-maker, he's so bad and he won't talk about it.

Therapist/Researcher: I see…so if I was watching a movie of Jonathan, what would the problem look like to me?

Caregiver: Well, he's lies….and when things don't go his way he shuts down.

Therapist/Researcher: Okay, so I'll write down "He lies" and "When things don't go his way he shuts down," is that correct?

Caregiver: Yep.

Therapist/Researcher: And is there one more problem you'd like us to work on in treatment? Something that's happening at home or at school?

Caregiver: Yeah, at school the teacher tells me that he doesn't follow directions, ever. Like things have to be repeated 5 times to him and he still doesn't get it.

Therapist/Researcher: Okay, so how would you like me to say that?

Caregiver: I guess "he doesn't follow directions at school."

Therapist/Researcher: Sounds good – thanks so much for this info. I'm going to read back the top three problems you identified to you. We have "he lies," "when things don't go his way he shuts down," and "he doesn't follow directions at school." Do those sound accurate to you?

Caregiver: Yes.

Therapist/Researcher: Thanks. Now I'd like you to rate each of these problems on a scale from 0 to 4, where 0 means not a problem at all and 4 means a very big problem. The first problem you said is "He lies." Using the 0 to 4 scale, how big of a problem is this for you and for Jonathan right now?

Caregiver: It's a 4.

Therapist/Researcher: Got it….the second problem you mentioned is "when things don't go his way he shuts down"…what rating would you give that one, from 0-4.

Caregiver: Also a 4.

Therapist/Researcher: And how about the last one you told me, that "he doesn't follow directions at school?"

Caregiver: I guess that's more like a 3.

Therapist/Researcher: Great, thanks. Based on what you've just told me, it seems like the problems you are most concerned about right now are "He lies" and "When things don't go his way he shuts down," Is that correct?

Caregiver: Yes.

Therapist/Researcher: So of those two, which do you think is the bigger problem for you and Jonathan right now? That he lies or that when things don't go his way he shuts down?

Caregiver: The lying, for sure.

Therapist/Researcher: Okay, so we'll put that as Top Problem #1, and the second one will be when things don't go his way he shuts down…. Is that correct?

Caregiver: Yes.

Therapist/Researcher: And then, "he doesn't follow directions at school" – would you put that last in the rank order?

Caregiver: Yes, that's correct.

Therapist/Researcher: Okay, thanks so much for this information…now we'll move on to the next set of questions.

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Caregiver-Reported Top Problems	Rank	Severity (0-4)
1. He lies.	1	4
2. When things don't go his way, he shuts down.	2	4
3. He doesn't follow directions at school.	3	3

<u>Identifying Youth-Reported Top Problems</u>

<u>STEP #1:</u>

- Say: "*We want to make sure your therapist [or "counselor" or whatever term is appropriate for the context] helps you with the things that are most important to you right now. How would you describe the things you would like help with, using your own words? What are the things you are doing or feeling that are causing problems for you?*"
    - o PROBE, if necessary—for example:
        - ▪ "*Is there anything that is causing problems for you at home or school?*"
        - ▪ "*If I were watching a movie of your life, what would the problem look like to me?*"
        - ▪ "*How would things be different if treatment were helpful?*"
    - o If absolutely necessary, inquire about items the youth endorsed on other assessment measures (e.g., the Youth Self Report).
    - o The Top Problems for the youth should be *in his/her own words*. Before moving to Step #2, you should try to obtain 3 identified Top Problems that each meet both of the following criteria:
        - ▪ Described in terms of the youth's behavior (e.g., disobeying at home, crying, refuses to go to school) or emotions (i.e. sadness, anxiety, anger)
        - ▪ Potentially changeable via therapy
            - • E.g., NOT "Father is in Afghanistan" or "Parents are going through a divorce." In these instances, good follow-up questions to ask might be: "*How does this problem affect [youth's name]'s mood or behavior? What are the ways in which [youth's name]'s behavior or mood have been different since [the stressor] began?*" The goal is to get to a problem that could be changed via therapy—for example, "*I feel sad because my Dad is away in Afghanistan.*"

<u>STEP #2:</u>

- After getting three Top Problems, you should obtain the severity of each top problem on a scale from 0 (not a problem) to 4 (a very big problem).

- Please say: "*You've told me that some things you are concerned about are [read problems]. Now, I want you to tell me how much of a problem each one of these is for you. To do this, please rate each problem from 0 to 4; 0 means not a problem at all, and 4 means a very big problem. The first problem you said is [read top problem #1]. Using the 0 to 4 scale, how big of a problem is this for you?*"

- After rating Top Problem #1, continue reading each problem aloud and have the youth rate each problem they identified between 0 and 4.

STEP #3:

- Clarify rankings of the top problem in numerical order, starting with the most problematic Top Problem.

- Please say: "*Based on what you've just told me, it seems like the problem you are most concerned about right now is [most highly rated problem]. Is that correct? The next biggest problem is…*"

- Ensure that the rank ordering is correct based on the youth's report. If two or more problems are given the same ranking score (e.g., 10), **ask the youth which they think is more important to work on in treatment.** It's okay if the severity of the Top Problems and their rankings don't match. Take the approach in the script, ask for clarification, but if the youth is insistent on it, it is okay if the rankings and ratings don't match. The key goal here is to establish a fixed order in which the Top Problems are presented for all subsequent assessments. That is, Top Problems #1, #2, and #3 should always be assessed in the same order and refer to the same problems as they were in the baseline assessment.

Youth-Reported Top Problems Example

Therapist/Researcher: We want to make sure your therapist helps you with the things that are most important to you right now. How would you describe the things you would like help with, using your own words? What are the things you are doing or feeling that are causing problems for you?

Youth: I don't know, everything is fine.

Therapist/Researcher: Are there any things that may be causing you problems, any things that you would like to see get easier for you?

Youth: Well, I guess I'm bad at math.

Therapist/Researcher: That's definitely a great thing to want to get better at, but here we're looking for things specifically about how you are feeling and behaving that are difficult for you, rather than things that may be challenging academically. Are there any feelings that are challenging for you right now?

Youth: I guess I feel sad sometimes.

Therapist/Researcher: Are there specific things that make you sad or times when you may feel sad?

Youth: I guess I feel sad when kids bully me at school.

Therapist/Researcher: Okay, that's a great one, thanks for thinking about that with me. Are there any other feelings or behaviors that are difficult for you right now?

Youth: Sometimes my mom gets mad at me at home.

Therapist/Researcher: What is usually going on when your mom gets mad at you?

Youth: Well, I don't listen to directions when she tells me to do boring things like chores and then she gets mad at me and makes me go to my room.

Therapist/Researcher: Got it….so do you feel like it's true to say that a problem that may lead to your mom getting mad at you is that you don't listen to directions when you're asked to do things you don't want to do? Is that how you would phrase that problem?

Youth: Yeah, that's true.

Therapist/Researcher: All right, great. Let's try to think of one more thing that may be difficult for you right now in terms of your different things that you feel or do.

Youth: I guess that my parents are getting divorced.

Therapist/Researcher: And what has been most challenging about your parents' divorce for you in terms of your feelings or behaviors?

Youth: I guess it makes me feel worried most of time.

Therapist/Researcher: Great, thanks for sharing that with me. Do you think it is accurate to say that you feel worried most of the time about your parents' divorce?

Youth: Yeah.

Therapist/Researcher: Sounds good – thanks so much for working so hard on this with me. Now I'd like you to rate each of these problems on a scale from 0 to 4, where 0 means not a problem at all and 4 means a very big problem. The first problem we discussed is "I feel sad when kids bully me at school." Using the 0 to 4 scale, how big of a problem is this for you right now?

Youth: I think that's a 3.

Therapist/Researcher: Got it…. the second problem you mentioned is "I don't listen to directions when I'm asked to do things I don't want to do"…what rating would you give that one, from 0-4.

Youth: Probably a 4.

Therapist/Researcher: And how about the last one you told me, that "I feel worried most of the time about my parents' divorce"?

Youth: I guess that's a 4 too.

Therapist/Researcher: Great, thanks. Based on what you've just told me, it seems like the biggest problems for you right now are "I don't listen to directions when I'm asked to do things I don't want to do" and "I feel worried most of the time about my parents' divorce," Is that correct?

Youth: Yeah.

Therapist/Researcher: So of those two, which do you think is the bigger problem for you right now? That you don't listen to directions or that you worry about the divorce?

Youth: Probably the worrying one.

Therapist/Researcher: Okay, so we'll put that as Top Problem #1, and the second one will be that you don't listen to directions when you're asked to do things you don't want to do…. Is that correct?

Youth: Yeah.

Therapist/Researcher: And then, "I feel sad when kids bully me at school" – would you put that last in the rank order?

Youth: Yes, that sounds good.

Therapist/Researcher: Okay, thanks so much for sharing all of this with me…now we'll move on to the next set of questions.

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Youth-Reported Top Problems	Rank	Severity (0-4)
1. I feel worried most of the time about my parents' divorce.	1	4
2. I don't listen to directions when I'm asked to do things I don't want to do.	2	4
3. I feel sad when kids bully me at school.	3	3

Notes Specific to Teacher-Reported Top Problems

Teachers may also be asked to identify three "Top Problems" that they would like the youth to work on in treatment. These may require follow-up ratings at different intervals than the parent and youth Top Problems depending on the context and purpose for collecting the data. During the initial TPA, have the teacher identify up to three Top Problems using an interview format (as outlined on page 16).   It is important to have the teacher complete this initial TPA separately from the parent and youth to avoid having the caregiver and/or youth influence the teacher's response. It is also important to obtain the Top Problems only from the teacher who will be completing subsequent assessments/ratings. Teachers may want to bring in some of the youth's other teachers, as some students present differently in different classrooms. However, it is crucial to obtain the Top Problems and ratings from one teacher at a time to prevent teachers from influencing each other's responses. It can be helpful to assure teachers that they are only being asked to report on what **they** have gotten the chance to observe, to report on the youth's Top Problems from **their** perspective, and that it is okay if other teachers may report something different.

Another issue that often comes up when identifying teacher-reported Top Problems is that teachers report on academic challenges the youth may be having. It is important to highlight that the purpose of the TPA is to assess behavioral or emotional issues. Sometimes, teachers cannot come up with 3 Top Problems without discussing academic concerns. If this is the case, it is better to have fewer Top Problems that are targeting behavioral/emotional problems than to obtain a greater number of Top Problems that target issues the therapy is not designed to work on (e.g., academic performance).

To collect teacher Top Problems, first review the general instructions for obtaining ratings and rankings as for parent and youth Top Problems (found under "Instructions for TPA Administration" on page 3). Then, follow the teacher interview instructions beginning on the following page.

Identifying Teacher-Reported Top Problems

STEP #1:

- Say: *"Now I'm going to ask about the biggest concerns you have about [youth's name] that you think his/her treatment [or "counseling" or whatever term is appropriate for the context] should focus on. What are the most important problems you think [youth's name] needs help with? What are the behaviors or emotions s/he's having difficulty with?"*

  - PROBE, if necessary:

    - *"Is there anything that is causing problems for [youth's name] at school, with peers, or at home?*
    - *"If I were watching a movie of [youth's name], what would the problem look like to me?"*
    - *"How would things be different if treatment were helpful?"*

  - The Top Problems for the teacher should be *in the teacher's own words*. Before moving to Step #2, you should try to obtain <u>3 identified Top Problems</u> that each meet both of the following criteria:

    - Described in terms of the youth's behavior (e.g., disobeying at school, crying, refuses to do work) or emotions (i.e. sadness, anxiety, anger)
    - Potentially changeable via therapy

      - E.g., NOT "Father is in Afghanistan" or "Parents are going through a divorce." In these instances, good follow-up questions to ask might be: "*How does this problem affect your student' mood or behavior? What are the ways in which your student's behavior or mood have been different since [the stressor] began?*"

STEP #2:

- After getting three Top Problems, read them back to the teacher to confirm that the teacher agrees with the chosen Top Problems. Next, you should obtain the severity of each top problem on a scale from 0 (not a problem) to 4 (a very big problem).

- Please say: "*Now I would like you to rate each of these problems on a scale from 0 to 4, where 0 means not a problem at all and 4 means a very big problem. The first problem you said is [read top problem #1]. Using the 0 to 4 scale, how big a problem is this for you and for [Student's Name]?*"

- After rating Top Problem #1, continue, reading each problem aloud and have the caregiver rate each problem s/he identified on the 0 to 4 scale.

STEP #3:

- Clarify rankings of the top problem in numerical order, starting with the most problematic Top Problem.

- Please say: "*Based on what you've just told me, it seems like the problem you are most concerned about right now is [most highly rated problem]. Is that correct? The next most serious problem is…*"

- Ensure the ranking order is correct based on teacher report. If two or more problems are given the same ranking score (e.g., 4), **ask the teacher which s/he thinks is a bigger problem and priority for treatment.** It's okay if the severity of the Top Problems and their rankings don't match. Take the approach in the script, ask for clarification, but if the caregiver is insistent on it, it is okay if rankings and ratings don't match. The key goal here is to establish a fixed order in which the Top Problems are presented for all subsequent assessments. That is, Top Problems #1, #2, and #3 should always be assessed in the same order and refer to the same problems as they were in the baseline assessment.

Teacher-Reported Top Problems Example

Therapist/Researcher: Now I'm going to ask about the biggest concerns you have about Leah that you think her treatment should focus on. What are the most important problems you think Leah needs help with? What are the behaviors or emotions she's having difficulty with?

Teacher: Well she's very quiet.

Therapist/Researcher: Okay, do you feel like there's a reason she's so quiet, or is her being quiet causing any issues?

Teacher: She seems very sad most days. She also has very low self-confidence.

Therapist/Researcher: Okay, so I'll write down "she seems very sad most days" and "she has very low self-confidence," is that correct?

Teacher: Yes, I think so. Although her art teacher tells me that she seems really different in her class. Should I go ask her if she feels like those are problems for her?

Therapist/Researcher: No, that's okay. We are only looking for the problems that *you* identify as Leah having. We understand that kids may be different in different classes and settings and that you may not get to see her in all of those. Since we will be asking you to give ratings on these Top Problems now and at time points in the future, it's important that we just get your perspective in coming up with these.

Teacher: Okay, that makes sense.

Therapist/Researcher: Is there one more problem you'd like to see Leah work on in treatment?

Teacher: Well, she is a terrible test taker.

Therapist/Researcher: Okay, that sounds like a great thing for her to try and work on this year. However, here we are specifically looking for behaviors or emotions that she can work on with her counselor, rather academic areas needing improvement. Do you feel like her test taking abilities are related to a behavioral/emotional challenge or is a separate issue?

Teacher: Got it. Actually, she struggles a lot on exams because she has bad test anxiety. She's smart and works hard, but she gets nervous when it's time to take a test and freezes.

Therapist/Researcher: That would definitely count then. Do you feel like it's accurate to phrase that problem as "she gets very anxious when there's a test"?

Teacher: Yes, that is how I would phrase it.

Therapist/Researcher: Perfect, thanks. Now I'd like you to rate each of these problems on a scale from 0 to 4, where 0 means not a problem at all and 4 means a very big problem. The first problem you said is "she seems very sad most days." Using the 0 to 4 scale, how big of a problem is this for Leah right now?

Teacher: It's a 3.

Therapist/Researcher: Got it…. the second problem you mentioned is "she has very low self-confidence" … what rating would you give that one, from 0-4?

Teacher: Also a 3.

Therapist/Researcher: And how about the last one you told me, that "She gets very anxious when there's a test?"

Teacher: That one is more like a 4, it can be really bad.

Therapist/Researcher: Great, thanks. Based on what you've just told me, it seems like the problem you are most concerned about right is that "she gets very anxious when there's a test." Is that correct?

Teacher: Yes.

Therapist/Researcher: And it seems like the problems you feel like are the next biggest problems for Leah are that "she seems very sad most days" and that "she has very low self-confidence." Of those two, which do you think is the bigger problem for Leah right now?

Teacher: The sadness.

Therapist/Researcher: Okay, so we'll put that as Top Problem #2, and the third one will be low self-confidence…. Is that correct?

Teacher: Yes.

Therapist/Researcher: Okay, thanks so much for this information…now we'll move on to the next set of questions.

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Teacher-Reported Top Problems	Rank	Severity (0-4)
1. She gets very anxious when there's a test.	1	4
2. She seems very sad most days.	2	3
3. She has very low self-confidence.	3	3

Common Pitfalls and Issues in Using the Top Problems Assessment

- **Vague, uncontrollable, or unchangeable situations.** *Rationale:* A good top problem should be specific enough that it's clear what's being measured. It should also be potentially changeable over time, especially as a direct or indirect result of treatment or other efforts to change the problem.

Acceptable Top Problem	NOT Acceptable Top Problem
I fight with my sister a lot.	My sister bugs me.
I feel sad most of the time because my dad isn't here.	My dad is in Afghanistan.
He has trouble following directions at school.	School is hard.

- **Double problems**. *Rationale:* All Top Problems from a single informant should be distinct from one another. It's always possible that one emotional or behavioral difficulty may improve over time while another one doesn't, so the TPA construction should allow for them to be assessed separately.

Acceptable Top Problem	NOT Acceptable Top Problem
She often has temper tantrums. She doesn't listen to directions.	She throws temper tantrums and won't listen to either parent.
I am depressed. I sometimes feel hopeless.	I am depressed and suicidal.

- **Using your words rather than the youth's or parent's words.** *Rationale:* As an idiographic, consumer-guided measure, it is critical that the items reflect the family's Top Problems in their own language. This will help ensure the comprehension of the items by those who do the ratings, thus supporting valid assessment.

Acceptable Top Problem	NOT Acceptable Top Problem
I get down on myself.	I have a lot of negative cognitions.

- **Wording without clear behavioral or emotional referents.** *Rationale:* Problems worded in ways that does not have clear behavioral or emotional referents can be difficult for youths and adults to rate meaningfully and reliably, and this can undermine the quality of the data.

Acceptable Top Problem	NOT Acceptable Top Problem
He does not stay in his seat during class.	He cannot sit still.
He is afraid of separating from Mom.	He is anxious.

- **Identifying a problem not addressed in treatment.** *Rationale:* A primary application of the TPA is to help guide and monitor progress throughout treatment. Accordingly, although the TPA is often used in a very open-ended way by many researchers and clinicians, some may choose to limit TPA problems to those that fall within the target domains or goals of the treatment being provided.
  - For example, an investigator or clinician whose treatment only focuses on ADHD, and who is only interested in evaluating change in ADHD-related behaviors, might limit Top Problems to those involving attention, activity level, or other dimensions clearly related to ADHD. Investigators and clinicians who adopt a broader treatment focus might impose fewer limits, allowing a broader range of problems.
  - This guideline will require careful consideration to the clinical or research context in which the TPA is being used. For example, if the TPA is being administered in a non-research clinical context to monitor a youth receiving behavioral therapy and medication for ADHD and ODD, it may be useful to monitor the entire array of Top Problems being addressed by their entire array of services. Alternatively, if the family identifies a Top Problem that is not addressed by an intervention, it may be advisable to re-evaluate the treatment

plan or consider a referral to address the untargeted concern (e.g., pursuing

tutoring for academic concerns, in addition to therapy for emotional concerns).

- **Suicidality or other risky behaviors in a research context.**[2] *Rationale:* Suicidal and self-

    injurious behaviors are important clinical concerns that should be assessed and

    addressed throughout treatment; however, in many treatment contexts the TPA may

    not be appropriate for that purpose. If not, then in cases where these concerns arise

    during a TPA interview, emphasize that the youth will work on the self-harm/suicidal

    ideation in therapy, but for the current clinical or research purpose we want to focus on

    problems related to the self-harm/suicidal ideation, or broader patterns of difficulties

    which may include these concerns. You can ask questions like:

    - "What kinds of thoughts, feelings, and behaviors are associated with the suicidal

        ideation/self-harm [or language they use to describe self-harm]?"

    - "What are the triggers of the suicidal ideation/self-injurious behavior?"

        - If not sure, you can ask them to think about the last time it happened

            and what was going on then? If he/she says, "don't know", you can say

            "it sounds like you're not sure about what the triggers are, so then is it

            accurate to say he/she can't communicate his/her feelings well?"

    - If family lists self-harm but it was in the past, you can say:

        - "What brings you to therapy *right now*, concerns wanting to work on

            right now?"

    - Can rephrase for family to get the risk out of TPA (but always reflecting back to

        the person to confirm that your rephrasing is accurate):

        - "It sounds like you're saying he has trouble controlling his

            emotions/meltdowns, would it be accurate to summarize it that way?"

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[2] The guidelines for handling suicidality and risky behaviors outlined here are what we have followed in administering the TPA in the context of clinical research studies. Other procedures may be more appropriate for different settings or purposes. It is always important to follow professional, agency, legal, and administrative guidelines for assessing and addressing suicidality and other risk-related behaviors.

- o If the family is insistent on having a top problem that explicitly includes risk, then this can be allowed. Note that these Top Problems will have to be administered with extra caution (e.g., on the phone rather than online) so that any ongoing suicidality can be monitored appropriately and complemented by follow-up risk assessment as needed.
- o If suicidality or risky behavior is identified during the interview, even if it is not included as a top problem, it is necessary to conduct further risk assessment and follow appropriate procedures to ensure the youth's safety.

Top Problems Assessment Form

Client's ID/Name: _____   Date of Interview: _____

Interviewer: _____

		Severity
Caregiver -Reported Top Problems	Rank	(0-4)
1.		
2.		
3.		

		Severity
Youth-Reported Top Problems	Rank	(0-4)
1.		
2.		
3.		

		Severity
Teacher-Reported Top Problems	Rank	(0-4)
1.		
2.		
3.		